

Testimony before the Little Hoover Commission  
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Points for Presentation and Discussion

**Current Situation in Disaster Public Health**

- The disaster public health disconnect

There has been a documented increase in natural disasters in the United States in the past decade. Most recently, there has been a stunning increase in intentional public health disasters and threats.

Currently, 80% of the public health workforce lacks formal training in public health.

- United States schools of public health are uniquely positioned to have an impact on the capacity of the health care infrastructure of this country to address the health care consequences of both natural and bioterrorist mass population disasters.
- The UCLA Center for Public Health and Disasters was established in 1997 to address the critical issues communities face when impacted by a disaster. The Center promotes interdisciplinary efforts to reduce the health impacts of domestic and international, natural and human-generated disasters. The Center facilitates dialogue between public health and medicine, engineering, physical and social sciences, and emergency management. This unique philosophy is applied to the education and training of practitioners and researchers, collaborative interdisciplinary research, and service to the community. The Center is based in the Department of Community Health Sciences of the UCLA School of Public Health.
- Critical to any form of preparedness for a mass population health emergency is an understanding of what hazards are most likely to impact a given region, the pre-existing health care and infrastructural resources of that region, and an ability to make a reasoned estimate of the impact of likely hazards on those resources.
- "States Rush to Plug Their Security Holes  
Officials find their public health and safety systems aren't up to the task and scramble for costly improvements"

Los Angeles Times, October 10, 2001, front page.

## Ongoing Strategies for Improvement

- Model program for local county public health departments to prepare for and respond to large-scale natural and human generated disasters.

CDC funded project for the Center to develop a model that will facilitate the ability of public health departments to:

- 1) conduct a hazard risk assessment
- 2) conduct a resource and vulnerability analysis
- 3) project the impact of each likely hazard on the target population and resources of the health department

- Bioterrorism and emergency Public Health training for health care professionals.

California Department of Health Services funded project for the Center to develop three distinct but integrally related components:

- 1) highly focused training for community physicians covering likely biological agents, recognition of their presenting clinical syndromes, and reporting strategies to activate local public health agency responses.
- 2) in-depth education for those pursuing a public health education and professionals in the community who desire a broader theoretical and practical knowledge base in the health impact of bioterrorist incidents.
- 3) Practical, scenario based workshops for public health department officers and organizational leadership

The goal of these workshops is to increase awareness of the roles and responsibilities of public health departments in responding to natural, chemical and biological hazards.

Federal emphasis on chemical and biological terrorism has been reflected in State efforts to augment laboratories, communications, training and surveillance capabilities.

A critical component in mass population emergency health preparedness that has received little attention thus far is the integration of already existing core functions of public health departments into a system of preparedness, recognition and response to all manner of disasters. These workshops are designed to offer a framework for a generic emergency public health department response, adaptable to natural and human caused disasters.

## Recommendations for Action

1. All California County Health Departments should conduct comprehensive risk and vulnerability assessments.
2. Provisions should be made to increase the overall health care system's ability to effectively deal with fluctuating needs for hospital beds and professional staffing resource capacity.
3. Scientifically valid assessments and evaluations of health care system problems and the long term impacts of expenditures of funds, resource allocations, or policy implementations designed to remedy these problems, should be conducted to afford the best problem solving strategies.
4. Systems should be put in place to track regional capabilities to address emergency public health threats, facilitating allocation of resources in a strategic manner.
5. Local Public Health Department officials should be charged with the responsibility of assuming their roles in large scale emergencies, and formally integrated into the emergency management protocols within their respective counties.